


Apr 6
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**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000001873		
1. Entity Name BRADY FAMILY, L.L.C.		
Principal Place of Business 2800 KENNEDY DR VENICE, FL 34292	Mailing Address 2800 KENNEDY DR VENICE, FL 34292	
DO NOT WRITE IN THIS SPACE		
03042008No Chg-LLC		CR2E083 (12/07)
4. FEI Number 65-0911365		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
SULLIVAN, PAMELA B 2800 KENNEDY DR VENICE, FL 34292		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
000000979350 04/15/08-80017-001 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD WILSON BRADY 315 PINE GLEN WAY ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAMELA B. SULLIVAN 2800 KENNEDY DR VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT WILSON BRADY 5227 SIESTA COVE DRIVE SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u>Pamela B Sullivan Sec/Treas</u> 3-30-08 941-484-5118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		